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SCARLET FEVER—CASES AND REMARKS.

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[Communicated for the Boston Medical and Surgical Journal.]

SCARLET FEVER has been at times, for the last twelve years, very prevalent in the region where I have resided, viz., Brattleboro', Vt., some seasons affecting every family in certain districts. I have known fifty cases in a single school district at a time. The affection commenced in the usual form of scarlet fever, with a slight soreness of the throat. In some instances the attack was exceedingly sudden. In a great majority of cases, there was vomiting at the commencement. There was an immediate deficiency of function discovered—rather a contracted, cold, pale lividness. The circulations lost their energy; muscular motion was in many instances attended with distress, feeble and tremulous; the features were very much altered, and the intellect wavering. Soon the instinctive forces of nature became excited to action, and the phenomena of vitality advanced in a rapid degree. The condition became a new and unnatural one; it was a morbid state. It was quite evident that whatever scarlet fever was, it was something that impressed the throat, skin, and vital organs, so as to alter for a time their functions, and increase their organic sensibility. The result of this increased force was ultimately to lessen their vitality, and the degree to which the vital forces became depressed was in proportion to their previous elevated state. It was observed, also, that in those whose nervous forces were most largely developed by nature, this elevated state advanced with the greatest rapidity, most suddenly exhausted the vitality, and induced an alarming assemblage of phenomena. In all the cases that came under my observation, the recuperative forces of the system rallied once; then arose an elevated train of morbid phenomena that marked well its character, which if not controlled, prostrated rapidly.

This rally was the most important period of the whole affection, and the proper stage of treatment; it was, also, the very time when there was sometimes an essential error committed in treatment, that no after period could reclaim. It was in this first rally of the vital forces, that the impression was to be made, to modify and control the affection. It was only at this stage of excitation that disasters could with certainty be averted. The first hours of this first rally were the most fearful and precious moments during the whole morbid phenomena. It was the pe-

riod of responsibility, the time to judge of its type, to change it from severe to mild.

It was observed that after the rally of the vital forces, the tendency of the system was onwards to an elevated state, until it had had its stage of excitation; consequently there was no danger in making a decided impression upon the system by bloodletting at this particular stage! It was a prompt and powerful agent to arrest this elevated state of excitation. The effect of sufficient bloodletting at this stage was truly wonderful. It had the desired effect to subdue the morbid action, in such a manner as to completely modify and control the affection, and effectually prevent the prostration of the vital forces that necessarily ensues after excessive action. Cases of the most threatening aspect would in a short time, after sufficient bloodletting, assume the mildest form, and require no other medicine but a slight impression of belladonna to keep down the irritability of the system, an occasional purgative of ol. ricini, rest, and a liquid, farinaceous diet.

I have remarked that the fortunate moment to modify this affection, was before the vital forces had become too much exhausted by the morbid action. The following cases will show the feeble, vacillating state of the vital movements, at the commencement of the affection, whilst there was a great weight of morbid impression; and the relief manifest upon the treatment.

March 9th, 1830.—A. D., 28 months old, went to bed in perfect health. In the course of the night was suddenly attacked with furious delirium and vomiting. I was called six hours from the first attack. There was still vomiting, considerable swelling about the throat externally. The period of excitation had evidently commenced; great heat about the head, &c.; extremities cold; countenance dusky; lips livid; pulse very quick and feeble; complete insensibility to surrounding objects; eyes red, and pupils contracted; whole body agitated and tremulous. I divided the artery behind the ear, and took $\frac{3}{4}$ ix. of blood. Patient pale all over the body; all tremulous motion ceased; vitality at a low state; respiration easy; pulse hardly felt. Soon re-action; appearance much improved. I gave 3 i. ol. ric. In six hours I called again. Purgative had operated; appearance very much improved; bright efflorescence all over the body, and upper extremities; lower extremities remain shrivelled and cold. Grs. ii. of ext. belladonna were put into $\frac{3}{4}$ iv. of water, and gtt. viij. were given every two hours. Allow tea, and cold water if patient calls for it. Keep child in bed tightly covered, and perfectly at rest.

2d day.—All appearances favorable. Continue same; allow rice water; give 3 i. ol. ric.

3d day.—One dejection; appearance favorable; bright efflorescence to toes' ends; efflorescence in face nearly gone; swelling about throat almost gone. Repeat same.

4th day.—Very much relieved; one dejection; face much less flushed; swelling about throat all gone; heat all over body much abated. Repeat same.

5th day.—Decidedly convalescent. Omit visits. Child to be kept quiet. Restricted for ten or twelve days to liquid farinaceous diet.

March 10th, 1830.—S. H., 8 years old, attacked suddenly, while at play, with vomiting; sore throat; soon became restless; grew sleepy, with frequent tossing and moving of body; muscular motion attended with suffering; complains of soreness when moved; fell into a stupor from which he could not be roused. I was called ten hours after attack. Eyes red; pupils contracted; throat considerably swollen externally; lips livid; great heat about head; body and lower extremities quite cold; whole body agitated at every inspiration; pulse 140. The stage of excitation had evidently commenced, although there was a great embarrassment of function. I divided the artery behind the ear, and took $\frac{3}{4}$ x. of blood; universal paleness. Soon re-action took place, and the child awoke as from a sleep. Gave $\frac{3}{4}$ iij. ol. ric.; 10 drops belladonna preparation; allow tea, and cold water as much as patient calls for; keep patient in bed tightly covered, free from all excitement.

2d day.—Since yesterday had three dejections; patient sleeps, and wakes rational; complains of throat a good deal; is rather restless; says head aches some; eyes red; pupils contracted; bright efflorescence all over the body; heat 108 degrees Fahr.; extremities, below the knees, cold. Repeat ol. ric.; same treatment; allow rice water; sponge surface with cold water frequently.

3d day.—Had four dejections since yesterday; very much relieved; face not so red; eyes more natural; does not complain of swallowing; swelling about throat less; bright efflorescence to the toes' ends. Repeat same; allow rice water.

4th day.—Appearance favorable; swelling about throat entirely gone. Repeat same.

5th day.—Appearance favorable. Repeat same.

6th day.—Decidedly convalescent. Continue belladonna; allow liquid, farinaceous diet; keep patient in bed most of time during convalescence, free from playthings and exercise.

From the 23th of December, 1829, to the 9th of March, 1830, I observed and treated upon this principle 193 cases of well-defined scarlet fever; 39 of these were over 20 years old, 19 under 20 and over 15. The remainder were under 15. Of this number, 88 were considered mild, and 105 severe in their early stage. Two of the whole number were fatal; one on the third day, 8 years old—the other on the fourth day, 2 years old.

From the 9th of March, 1830, to the 28th of December, 1830, I observed and treated, upon the same principles, 355 cases; 40 over 20 years old, 75 over 15 and under 20. Of this number 20 were mild, and 154 were considered severe in their first stage. Five of this number were fatal; 3 on the third day, and 2 on the fifth; 82 of the whole number had severe cerebral symptoms at the commencement; 56 had the throat considerably swollen externally at the commencement, and 8 came to suppuration; 3 had discharges at the ear that continued for some time, but finally entirely recovered without any application. In none that came under treatment at the early stage, was there ulceration or sloughing in the

throat or mouth. Secondary affections were rare, and when they did happen I have always thought that I could clearly trace them to bad management in diet or over excitement, in some way. I have never had a case of dropsy of the brain, or chest; anasarca of the lower extremities has happened in several instances. In one or two instances, when I could not control the treatment so as to prevent stimulation, there has been serious results, such as dropsy of the chest, brain, &c.

During this period I have been frequently called in advice, where a different course of treatment had been pursued, more of a stimulating nature, and I have witnessed results that have given me pain, such as are frequently spoken of by writers on scarlet fever; but all these writers, I believe, advocate the stimulating principles—such as giving ether, liquid acetate of ammonia; creosote, in mucilage, poured into the mouth; warm bathing; emetico-cathartic, of which calomel is a component part; infusions of serpentaria, and various other stimulants, changing them from one to the other; injections of brandy and laudanum, frequently repeated; giving wine, brandy, broth, &c. See an article by E. Hale, Jr., M.D., on scarlet fever, in the *New England Quarterly Journal of Medicine and Surgery*, No. 1. It appears to me that such a course of treatment in scarlet fever, as that spoken of, is as objectionable as the old method in surgery of treating compound fractures, where the principle was to promote sloughing, and assist nature to ulceration—which surgeons of the present day have laid aside, and have adopted a different course, viz., to prevent sloughing and ulceration. Instead, therefore, of applying poultices, and warm bathing, surgeons now apply cold water and make use of bloodletting, and consider them powerful agents. The results of this different course of practice, in surgery, are striking; but not more so than the treatment I observed in scarlet fever. I have sometimes thought that the practice here objected to was unscientific. It certainly betokens a want of skill, to have gangrene and ulceration take place.

In Vermont scarlet fever was found to run through its first stages of excitation with such rapidity, in severe cases, that it would not do to rely upon the slow operation of medicine to subdue and modify it. It was found, in severe cases, if the excitation was brought promptly and decidedly up by bloodletting in the first stage of the first paroxysm, there would not, during the progress of the affection, a dangerous prostration take place; and if the irritability of the system was kept from advancing by a trifling impression of belladonna, there was nothing more required in the medical line, than an occasional purgative of *ol. ricini*.

Coldness of the lower extremities was a remarkable phenomenon in this affection for the first one or two days, and had a tendency to induce the attendant to commit an error in practice. Most practitioners have observed the anxious solicitude of friends and attendants to warm the feet in this stage. I have thought it had a bad effect to make use of stimulants for this purpose. It was noticed that the affection began above, and spread downwards with great regularity in favorable cases. It was also observed that if the rash appeared all over the body and lower extremities at the same time, when it came to be fully developed

it was a difficult case to manage; because the capillary system, under great excitation, was liable to drain the large bloodvessels of blood so as to induce a fatal collapse in the short space of a single hour. Under such circumstances I have always found washing the whole surface with cold water, during the hot stage, an effectual remedy, if constantly applied after sufficient bloodletting.

I consider it a crime to weaken the confidence of the public in physicians who have cultivated medicine as a science, because they are not generally inclined to administer powerful prescriptions with rash ignorance. This I do not intend; I mean to say that no case of scarlet fever should ever be allowed to advance six hours without the advice of a skilful physician; and I believe it in his power to avert disaster. If I understand the tone of the medical profession generally, any physician is called upon to speak to the general practitioner, at all times, through their medium, in his own language, his views upon any subject, and to give an account of his practice, &c., provided he does it fairly. He has a right to condemn any course of treatment which appears to him to be wrong in principle. By thus speaking what he believes to be the truth, there is no danger of a humble individual destroying the foundation of a rational science.

[To be continued.]

A SINGULAR CASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Believing the reports of cases the most valuable portion of your Journal, I send for insertion (as I have seen nothing published in it of like nature) the following somewhat singular case—singular to me, at least, and it may prove so to some others of the many readers of your valuable repository.

Mrs. Olive Huntoon, of tolerable good health, was married March 8th, 1832. Her first and only child was born August, 1833, since which time she has never enjoyed good health. Nothing unusual occurred after her lying-in, until thirteen days had expired, when she was taken with the phlegmasia dolens in her left leg; which, notwithstanding the usual treatment, confined her to her bed for seven weeks, during which time her right limb became similarly affected, which, together with her former difficulties, incapacitated her three months from walking. In November, 1834, she became the subject of pleuritis, from which she was scarcely convalescent when she was seized with the thrush; from which her tongue and fauces suffered, at times, ever afterwards. In the year 1836 she again had the pleurisy, for which her attendant physician abstracted blood from the arm, applied blisters to the side, administered calomel, &c., which gave but little relief. The secretions in general became vitiated and diminished in quantity—and in process of time her lower extremities became considerably anasarcaous. But, from a long course of treatment perseveringly administered, she had partially recovered from the above difficulties, when she was seized with an excruciating pain in her

330 *New Method of Applying the Ligature for Prolapsus Ani.*

head—the pain being mostly located over the right orbit. So great was the intolerance of light, that it was necessary to have it kept wholly excluded from the room. She continued in a similar condition, sometimes a little better and then again worse, until the 28th day of December, 1839, when she was relieved (and this constitutes the singularity of the case) by a sudden gush of apparently clear water from the right nostril (the pain in the head being on that side), which continued to drop as often as every third breath, and sometimes oftener, for twenty-four days. She was then attacked with pneumonitis, and the dropping ceased. But no sooner were the pneumonic difficulties mitigated, than the water commenced dropping as before, and continued to drop in a like manner until her demise, which took place the 17th of April last, in the 39th year of her age. The disease which terminated Mrs. H.'s life was *hydrothorax*. The symptoms were as follows:—Great difficulty of breathing, scarcity of urine, impatience of a horizontal position, extreme sore mouth, subsultus of the tendons, &c. Digitalis, seneca, squills, cyanuret of potassium, with the addition of blisters to the chest, &c., were prescribed, but without benefit; she continued to grow worse until the 14th day after the attack, when death came and relieved her from her sufferings.

Mrs. H. was nearly 37 years old when this dropping at the nose commenced, which continued two years, three months and 21 days. The matter was perfectly transparent, and exhibited no disposition to exco-riate. Astringent medicines snuffed up the nostril had no effect.

I think it probable that there are many cases recorded resembling the above, but the only ones which occur to my recollection, are recorded in the fifth volume of Good's Study of Medicine, under the name of "*Paruria erratica*." It appears from the same author, that this disease has sometimes been described under the name of "*uropoiania*," which it seems is nothing more than a Greek compound for "*erratic urine*." However, I believe it is seldom that it has ever been introduced into nosological arrangements. I do not pretend to say whether this discharge from the nose was a secretion compensating for destitution of urine, which was very slight; or a urinous fluid absorbed after its secretion by the renal organs; but I must confess that I have not had sufficient clinical experience to determine the manner in which it arrived at the nasal organs, in so profuse a quantity, to be thrown off by the *schneiderian* membrane. If any of your readers can explain the *modus operandi* of this (to me) remarkable phenomenon, by so doing they will confer a signal favor.

LEVI ALDRICH.

Shrewsbury, Vt., June 7th, 1842.

NEW METHOD OF APPLYING THE LIGATURE FOR PROLAPSUS ANI.

BY E. H. DIXON, M.D., OF NEW YORK.

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THE verge of the anus in most cases of prolapsus will be found studded with hemorrhoids, and in a state of hypertrophy. A constant nismus is

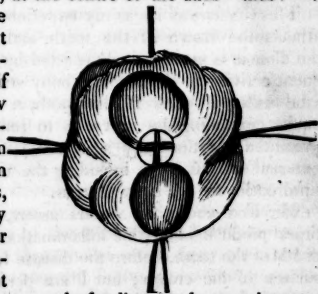
thus kept up, gradually increasing the thickness and producing permanent eversion of the lower part of the rectum; this mechanically distends the lower fibres of the internal sphincter, and destroys their contractility. As a substitute for this loss, nature increases the action of the upper fibres. This is well known to all who are much used to examining diseases of the rectum. Constriction of the hemorrhoidal veins now adds to the difficulty, and it is vain to hope for permanent relief, till the patient submits to the removal of the entire disease.

The fact of constriction existing above the disease, and the known tendency to hemorrhage in this part, will generally prompt the prudent surgeon to withhold the knife, and resort to the ligature; but here lies a danger. Very great suffering and serious symptoms often ensue, and severe depletion is necessary, after the ordinary and frequently inefficient method of applying the ligature. Moreover, portions of the disease often escape constriction, and render a second operation necessary. This is productive of great annoyance, both to the surgeon and patient; the latter believing, and the former often too well knowing, that the mortifying necessity was caused by his own carelessness—" *haud inexpertus loquor*," I can say with great truth, and a keen remembrance of my own failures, as well as those of others. As there are no lessons so serviceable to the surgeon as these mishaps, it may be an act of questionable propriety to detail the method by which such annoyance has been for some time avoided in the many cases that have fallen under my notice. I will, however, briefly communicate my plan.

With the needles for passing the deep-seated sutures, described in Vol. XXV., No. 21, of this Journal; or, if not at hand, a large suture needle with a curve, one third of a circle, two inches in diameter, and a lancet point (for the reader may rely on it no other will penetrate), I pass a very strong, double ligature, *untwisted*, from the circumference of the diseased verge on one side, at least half an inch deep, through the gut, to the other side; then having a similar needle armed in like manner, I pass another intersecting this, at the centre of the anus—thus:—

It is important that the ligature be at least a foot long, in order that the following process may be completed. With a bent probe, or, if you choose, the little finger, draw both the ligatures at their intersection out of the anus, cut them in two and tie them firmly, one from each quarter with its opposite. This, it will be perceived, renders any embarrassment in tying the four quarters of the diseased verge impossible, while it preserves the gut

pervious for defecation. Now, take one end of a ligature from each quarter, and ascertain if they are connected by pulling slightly and alternately at each; if so, tie them firmly with all the strength of your two fingers, having them previously well waxed, or they will slip. This process



will strangulate, with mathematical certainty and perfect uniformity, every particle of the disease. Much pain may be saved the patient by tying the ligatures with great strength, as that effectually destroys the vitality of the diseased part at once, and prevents the necessity of the successive steps of inflammation, to effect that end in the constricted part. I always evacuate the bowels with senna tea the day before the operation, then give a good dose of laudanum or morphine, and feed the patient on farinaceous diet during the separation of the diseased part. A pill of belladonna, occasionally introduced into the rectum, well up, greatly alleviates the annoyance. The parts usually separate on the fifth or sixth day. It is quite useless to detail cases, where there has been no essential variation in the above treatment. I have operated on a great number, and rarely have had occasion to resort to venesection or other means than those already mentioned. Since I have adopted this method, the cure in every instance has been perfect, the sphincter resumes its powers, and there is no contraction of the anus left, as nothing but the diseased part has been removed, allowing the sound mucous membrane and integument to approximate.

New York, June, 1842.

OF INTERNAL OR DEEP-SEATED CARIES OF THE TEETH.

INTERNAL caries generally affects the parts between the enamel and lining membrane, but somewhat nearer to the former part of the tooth, on the surface of which it is first observed from its giving the tooth a bluish hue. It becomes more evident by presenting the appearance of a blue mark, and afterwards a brown spot, till it shall have penetrated through the whole external bony structure and enamel, and become a cavity, either on the grinding, or on one of the lateral surfaces. The orifice of this cavity is at first very narrow; but it increases in time externally, in the same proportion as the caries extends itself in the cavity.

This disease, as far as my experience has enabled me to judge, always attacks the crown of the tooth, and never the neck or the root. As the disease is more actively resisted by the greater vascularity and consequent activity of the internal bony structure, than by the harder and less vital external parts of the tooth, it never proceeds so far towards the cavity containing the nerve, as to render this membrane altogether unprotected by the bony structure, before it has penetrated through the external osseous parts, including the enamel, and has thus formed a natural outlet for the bony abscess.

Mr. Fox and other writers assert, that they have seen caries sometimes produce idiopathic inflammation in the lining membrane, and the death of the tooth, before the disease has penetrated through the external surface of the crown; but I am perfectly assured of the contrary, because it is in opposition to the principles of that chemical action to which the tooth is exposed, when affected by this disease, and against all accurate observation and experience. The cases which have given rise to this opinion, have not been considered with sufficient accuracy;

this has arisen, either from the difficulty of discovering the carious cavity, or from erroneously attributing the death of the tooth to the effect of caries, when it has been produced, perhaps, by some mechanical irritation, an accidental blow, clumsy operation, or great irregularity in the situation of a tooth, &c.; in consequence of which an inflammation and mortification of the lining membrane has taken place before its extraction.

I have already explained the great difference in the effect produced by the chemical influence of dead or carious matter upon the living bony structure, and that upon a tooth already destitute of life; a fact, however, totally disregarded, and therefore productive of the most injurious malpractices in the treatment of this disease. Putrefaction acting upon a dead tooth, destroys the bone by immediate chemical action, and produces a direct change from a state of mortification to that of putrefaction. It, therefore, naturally finds the greatest resistance in the hardest and least vascular parts of the tooth. But putrefaction in the form of caries of a living tooth, destroys the bony parts, with which it is placed in immediate contact, in an indirect manner, producing by its chemical irritation, in the first place, inflammation, and afterwards mortification. It is in this instance, therefore, much more actively resisted in its destructive influence by the vascular than by the hard parts of the tooth. Consequently, as the bony structure of the tooth is more vascular the nearer it is to the lining membrane, and harder and more compact the nearer it is to the enamel, and, therefore, endued, in proportion to its vascularity, with a greater or less power of resisting inflammation; the diseased action of caries will proceed more rapidly towards the exterior than towards the interior of a tooth, and invariably produce an outlet at some part of its surface, before it can come in contact with its lining membrane. Although the enamel of the teeth, from its not being organized, is not subject to the immediate influence of inflammation; and although, from its crystalline nature, it is also most admirably calculated to resist putrefaction and other chemical influences; it is, nevertheless, from its peculiar structure, easily destroyed by mechanical causes, when once deprived of the support of its bony structure; consequently, where caries has destroyed that support, it is soon removed by mastication, and an external orifice to the carious cavity is thus produced.

When the disease has thus made itself an outlet through the bony structure and enamel, its progress towards the lining membrane is at this time somewhat retarded by the free evaporation of the putrid vapor, and the partial discharge and separation of the dead matter; it is, however, soon afterwards exasperated by other exciting causes, viz.: the additional external chemical and mechanical influences. The caries now proceeds towards the cavity, more or less speedily, according to the constitutional strength of the tooth, and violence of the general and local causes; until, at last, the disease penetrates through the whole bony structure, and produces considerable irritation upon the lining membrane, so as to involve that important and exquisitely sensible structure in idiopathic inflammation. At this period the disease may properly be called complicated caries.

The degree of rapidity of the destructive progress of deep-seated ca-

ries, depends upon the constitutional strength of the affected tooth, and on the degree of violence of the general and local exciting causes, which act simultaneously in aggravating the disease. Internal caries, however, proceeds much more rapidly than external, and it may be said to require, generally, from one to five years from the commencement of its corroding process to penetrate through the whole bony structure, and from three to twenty-four months afterwards before the destruction of the vitality of the lining membrane of the tooth is totally effected; putrefaction and absorption, however, may still require from seven to fifteen years to complete the entire destruction and removal of the dead parts. Simple caries, in each of its forms, differs in its effect on the temporary teeth, from that on the permanent set, only in proportion to their less dense and less durable construction, and requires no separate consideration, except in the surgical treatment.

Of the Surgical Treatment of Simple Caries.—The only remedy of caries is, first, the entire removal of all general and local exciting causes, and afterwards the removal of the proximate cause, by the complete extirpation of the mortified or inflamed parts of the bony structure of such teeth, by surgical operations properly adapted to the several stages of the disease. When superficial caries has not penetrated more than one third of the bony structure, the only judicious treatment will be to cut away the dead and diseased part by means of the file and chisel, or any other suitable cutting instruments; so as to produce a sound and even surface. When it has penetrated more than one third of the bony structure of the diseased side of the tooth, yet has not exposed, irritated or inflamed the nerve of the tooth, the dead and inflamed parts of the bony structure are to be removed by extirpation, and the defective parts restored by stopping the cavity with gold.

Deep-seated caries can only be cured by the latter operation; and the filing alone is never to be attempted for the removal of this species of caries, as the disease, instead of being removed, will be increased by the irritation; indeed, a removal of the caries cannot be accomplished by this operation without exposing the lining membrane to too great indirect action of all the external irritating causes to which the teeth are liable: inasmuch as an imperfect removal of the carious matter would leave the tooth, not only under the same morbid influences to which it had been before exposed, but would deprive it of some of its protecting constituents, and increase its debility by so irritating an operation: the operation of filing or cutting, therefore, performed in either way, augments the disease and hastens its destructive progress towards the nerve of the tooth.

The treatment of simple caries in the temporary teeth, is very different from that in the permanent set; for, as the utility of the former is of much shorter duration than that of the latter, such surgical treatment only should be adopted as may tend to retard the progress of the disease, to diminish its morbid influence as much as possible upon the other teeth, and to prevent its effect upon the permanent set. For this purpose the necessity of the greatest cleanliness of the mouth cannot be too much impressed upon the mind of both parents and children.—*American Journal and Library of Dental Science.*

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 29, 1842.

NAVAL SURGEONS.

In the British navy there is an express law in regard to the age of a medical candidate for office, and we have an impression that in the United States naval service, the candidate for an assistant surgeon shall not be over twenty-six years of age. Admitting this to be the fact, then it is useless to seek a commission if the applicant happens to be one or two years older. But it behooves the Government to modify such a requisition. The newspapers have lately been ringing abroad the mortifying intelligence that there are not surgeons enough attached to the service to equip the outward bound government vessels, and one is well known to have been detained a whole week for the want of a medical officer, and finally sent to the Coast of Africa with only one surgeon on board. There is no reason why a surgeon of competent qualifications, even if he should be forty-five years old, should not be gladly received by the naval department, if he is willing to take up with its scanty fare and poor compensation. We speak of the service in this light, in reference to the exposition made in a pamphlet some few weeks since at Baltimore, by one who seems to know every rope in the ship of State.

As it now stands, a young, inexperienced tyro, who can sustain himself in an examination according to the precise letter of the text-book, is thankfully received by the Government; while a learned, experienced man, of mature judgment and skill in the practice of medicine and surgery, is cast off, if he is past, even by a month, the precise period at which wisdom is supposed to shine transcendantly—six and twenty, for example.

University of New York.—A circular for the next lecture season of the new school of medicine is circulating. The cost of erecting the Stuyvesant Institution, which has been recently purchased by the Faculty at their own expense, was \$120,000. It will, of course, be called hereafter the *Medical College*. The success of the school thus far has equalled the most sanguine expectations, and the prospects for the future are represented to be highly flattering.

Iodine and Sulphur Baths.—An apology should be made for having inadvertently neglected to apprise the profession that Dr. Durkee, who, as will be seen by an advertisement, has a private Hospital for Invalids at No. 26 Howard street, has succeeded admirably in constructing the iodine and sulphur baths. The estimation in which they are held in Europe is well known to medical readers; but there were certain difficulties to be overcome, that were feared might operate against the use of iodine as a bath on this side the Atlantic. The proprietor, however, with the aid of ingenious mechanics, has obviated any apprehended obstacles, and may well be gratified with the results of his persevering efforts to

give to physicians of the city and environs the use of a new and powerful medicinal agent in the cure of diseases. These baths are made to resemble, as nearly as may be, in their nature and effects, the celebrated springs of Virginia.

The Student's Medical Library.—Messrs. Lea & Blanchard announce a coming series of text-books for medical students—being elementary works on the various branches of medical science—and each one complete in itself, in a single volume. It is surprising that some ingenious publisher has not attempted this plan before. If the books are selected with care, and systematically arranged, we are satisfied that they would not only be exceedingly useful, but be recommended by all the medical schools on the score of their being an approach towards a uniform course of medical study throughout the United States. When the works are ready, reasonable notice will be given, and their value to the student fearlessly estimated.

Phrenology applied to Marriage.—This is an ingenious, argumentative production, by Mr. L. N. Fowler, the phrenologist, who is extensively known for his personal devotion to the science. The object is to instruct the ignorant in the principles of phrenology and physiology, as applied to man's social relations. There is also an analysis of the domestic feelings. "*Be ye not unequally yoked together,*" is the author's motto—which, we apprehend, comes too late in the day for some readers. Mr. Fowler is unquestionably right in asserting that great physical and moral evils have their origin in a bad matrimonial connection. But so long as the race are more under the guidance of propensities, than enlightened reason, marriages will continue to be contracted pretty much as they always have been, from the first dawn of civilization—some for better and some for worse. We give Mr. Fowler credit for ingenuity, benevolent intentions, and philosophical honesty.

Thomsonian Convention.—A convention was held at Albany week before last, in the Supreme Court Room, by the Thomsonians, or, as they are sometimes called, botanic physicians. Upwards of eighty delegates were present, who acted upon the business before them with unanimity. It was resolved to petition the Legislature till they are relieved from the existing legal restraints. Committees were appointed to prepare an address to the people of the State. It was also resolved to publish a Thomsonian Almanac. After transacting various matters, of pretty much the like importance, the Convention adjourned to the Wednesday evening following—since which no advices have been received.

Castleton Medical College.—The spring session of the Castleton Medical College was closed on Thursday, the 9th inst. The public exercises of the occasion were held in the brick church, in order as follows:—Music, instrumental and vocal; prayer, by Rev. J. Steele; music; conferring degrees, by the President; music; an appropriate address to the class, by Professor Hamilton; music; benediction.

The degree of Doctor of Medicine, in course, was conferred on James S. Ayres, of N. Y. Thesis—*Thomsonism*; Ezra S. Carr, N. Y.,

Medical Botany; James S. Dayton, of Vt., *Synochal Fever*; Ebenezer H. Drury, of Vt., *Pneumonia*; Jonathan B. French, of N. Y., *Epilepsy*; Samuel Galentine, of N. Y., *Acute Rheumatism*; Erasmus D. Hall, of Vt., *Chronic Gastritis*; Dr. Ansel G. Jones, of N. Y., *Rejection of Alcohol from the Materia Medica*; Zara W. Joslin, of N. Y., *Phrenology*; George F. Newell, of L. C., *Diagnosis of Tubercular Phthisis Pulmonalis*; David E. Page, of Vt., *Fatal Circulation*; Jesse D. Smith, of N. Y., *Vis Medicatrix Naturæ*; H. Judson Squire, of N. Y., *Diagnosis*; Charles Warren, of Mass., *Signs derived from the Circulating System*; Rollin C. M. Woodward, of Vt., *Phlegmasia Alba Dolens*.

The honorary degree of Doctor of Medicine was conferred on Dr. Alexander Ayres, of N. Y.; Dr. Edmund F. Grant, of N. Y.; and T. H. D'Wolf, M.D., of Mass.

Medical Convention of Ohio.—The fifth regular meeting of this primary assembly commenced in the city of Cincinnati, on Monday, the 16th of May, and remained in session five days. Near one hundred members were in attendance, representing many of the interior counties of the State.

The following papers and reports were read during the sitting of the Convention:—

1. The influence of heat and cold on the animal system, by G. W. Boerstler, M.D.
2. Modus operandi of medicines, by J. P. Harrison, M.D.
3. Syphilis, by R. D. Mussey, M.D.
4. Causes and treatment of milk sickness, by John Dawson, M.D.
5. Topography, climate and diseases of Scioto, by G. B. S. Hempstead, M.D.
6. Report on the Eaton Medical Society, by Pliny M. Crume, M.D.
7. Report on the Warren County Medical Society, by E. Fisher, M.D.
8. Laws of organic life, by E. A. Atlee, M.D.
9. Diseases of the heart, by N. Worcester, M.D.
10. Wounds of the intestines, by S. D. Gross, M.D.
11. Report on animal magnetism, by R. Thompson, M.D.
12. Periodical influence of a miasmatic diathesis upon local inflammation, and general diseases of a continuous character, by W. J. Barbee, M.D.
13. Pathology of Fever, by J. P. Harrison, M.D.
14. Prejudices against the profession, by M. B. Wright, M.D.

The papers read before the Convention gave indubitable evidence of accurate thought and profound research on the part of the authors; and, while many of them exhibited the bold originality of the West, they were all characterized by an evident acquaintance with their subjects, and good general views, that would have done honor to any medical association of Europe or America. Those who were present at this Convention were convinced that western physicians have the ability to reason and deduce principles, unaided by transatlantic genius. Although the luminaries of the West may not extend their rays to other climes, yet, not acting as satellites to any system, nor assuming the borrowed plumage of others, they rest secure upon an immutable basis, uninfluenced by the many ephemeral illusions that agitate the philosophical world.—*Western Lancet*.

Vegetable Diet. BY ROBERT DICK, M.D.—In reference to a very interesting case reported by Mr. Rowbotham (of a child severely afflicted with ulcers, which had continued for eighteen months, and who was soon

cured by a diet of ripe fruits, honey, &c.), I beg to state that I can bear very strong testimony to the remarkable good effects of a diet of vegetables (one of acidulous fruits more especially) in many forms of cutaneous disease. It may be stated as a general rule, that when a cutaneous eruption depends on hepatic derangement (not organic), characterized by pain, tumidity, and profuse secretion of the liver; by dark-colored stools (and more especially if these produce *ardor ani*); by yellow-coated tongue; bitter morning taste of the mouth; accelerated pulse; dry heat of skin, and nocturnal sleeplessness, the judicious adoption of a vegetable diet will be found a most efficacious means of removing that condition of the digestive organs and that constitution of the blood from which the eruption and the unpleasant symptoms enumerated result. This I have pointed out elsewhere, and endeavored to explain, and recent experience has corroborated the views there stated.—*London Lancet*.

Extirpation of the Scapula and portion of the Clavicle—Extirpation of the Testicle in the same Individual.—The following case is most interesting from the complicated nature of the injuries and the serious operations required. A boy, 14 years old, employed at the cannon foundry at Cairo, was wounded in several places from the accidental explosion of a cannon loaded with stones, bricks and similar substances. At the moment of explosion he was stooping, with his back to the cannon, and his legs widely separated, raising a water-jar from the ground. Some of the projectiles struck him on the left lumbar region, others passed between his thighs, lacerating the left scrotum, and dividing the left spermatic cord; but the majority of them struck the left shoulder, causing extensive laceration and fracture. The divided spermatic artery was tied, and the testicle, together with several small pieces of brick, was removed, and the contused and lacerated integuments being cut away, the edges of the wound were brought together. The neck of the humerus was literally smashed, and the surrounding integuments and muscles dreadfully torn and contused, leaving at the inside of the arm a small portion of skin, scarcely sufficient for a flap, uninjured. Amputation at the shoulder-joint was performed, but on examining afterwards the scapula, it was also found to have been shattered in several places. This, together with the insufficiency of the flap, determined Gaetani-Bey on prolonging his incisions, and removing the whole of the scapula, together with the acromial end of the clavicle. The lacerated integuments were fashioned so as to form a covering to this extensive wound, and twenty-four days from the operation the lad had completely recovered.—*Archives Chirurg., Francaise et Etrang.*—*Ibid*.

Division of the Muscles of the Back.—In an article in the "*Gazette Médicale*," M. Guerin endeavors to refute the objections raised by M. Bouvier against his theory of the dependency of spinal distortions on muscular contraction, and the applicability of tenotomy to their cure. For the present we will simply notice M. Guerin's theory, reserving to some future No. a summary of the different theories on this class of affections. According to M. Guerin, spinal distortions should be classed with club-foot, wry-neck, &c., and that as the muscles of the foot, leg, knee, &c., by their contractions produce certain deformities, which, arising from the same cause, perverted muscular action, present the same general

character, and require for their relief the same operation, division of the contracted muscles; so, also, curvature of the spine may be considered as the club-foot of the back, depending on the contracted state of the muscles of this region, and requiring for its cure their division.—*Ibid.*

The Epidemics among Cattle.—There are now raging throughout the greater part of England and Ireland, and some districts of Scotland, epidemics among horses and cattle of a most fatal character. They are altogether different from those that have lately prevailed, both in the character which they assume and the increased mortality by which they are attended. Sheep are rapidly beginning to be involved in the general destruction.—*Veterinarian*, May, 1842.

TO CORRESPONDENTS.—Dr. Schmidt's case of division of the masseter muscle was received too late for this week.—The surgical testimony in regard to a certain controverted case is received, and is under consideration.

DIED.—In Roxbury, Rufus Wyman, M.D., 64, long and extensively known as the Superintendent of the McLean Asylum for the Insane at Charlestown.—In Pittsfield, Mass., 16th inst., Moses A. Lee, M.D., Professor of Materia Medica and Pharmacy in the Berkshire Medical Institution, 36.—In New York, Ethan Allen Ward, M.D., 37.—At Glen Cove, Long Island, N. Y., Dr. Thomas Garvie, 69, formerly of Perth, Scotland.

Number of deaths in Boston for the week ending June 25, 34.—Males, 18; Females, 16. Stillborn, 4. Of consumption, 3—fls, 2—disease of the heart, 2—scarlet fever, 3—inflammation of the lungs, 2—child-bed, 1—typhus fever, 1—convulsions, 1—rupture of bloodvessel, 1—old age, 1—lung fever, 1—marasmus, 2—dropy in the head, 2—infantile, 3—apoplexy, 2—tic douloureux, 1—cholera infantum, 1—brain fever, 1—inflammation of the bowels, 1—liver complaint, 1—measles, 1—unknown, 1.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston. Je 29—eptm JOHN JEFFRIES, Secretary of Censors.

CASTLETON MEDICAL COLLEGE.

FALL COURSE OF LECTURES.

THE Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.

JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.

JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.

ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.

WILLIAM P. RUSSELL, M.D., Professor of Medical Jurisprudence.

EMMA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.

JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon by JOSEPH PERKINS, Registrar.

Castleton, Vt., May 26, 1842.

Je. 29.—tA4

PRIVATE HOSPITAL IN BOSTON.

SILAS DURKEE, M.D., Member of the Massachusetts Medical Society, and of the Boston Medical Association, has taken the large and convenient house No. 26 Howard Street, Boston, and fitted it up as a PRIVATE HOSPITAL for INVALIDS.

In important and difficult cases, the services of the most skillful and experienced physicians in the city will be had in consultation; and patients who place themselves under the care of Dr. D., and who wish to avail themselves of the advantages of a private Hospital, may be assured that every effort will be made for their comfort and well being.

An apartment has been fitted up with apparatus for administering the Iodine Bath, Sulphur Bath, and other medicated baths, as recommended by Dr. Green, of London, in the treatment of various chronic diseases. Terms, \$6 to \$10 per week.

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

THE annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed *gratis*. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by	DIXIE CROSBY, M.D.
Materia Medica, Medical Jurisprudence and Medical Botany, by	EDWARD E. PHELPS, M.D.
Chemistry and Pharmacy, by	OLIVER P. HUBBARD, M.D.
Theory and Practice of Physic, and Pathological Anatomy, by	JOSEPH ROBY, M.D.
Anatomy and Physiology, by	EDMUND R. PEASLEE, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, *Secretary of the Faculty.*

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

THE next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.
 ALONZO CLARK, M.D., Professor of General and Special Pathology.
 MOSES A. LEE, M.D., Professor of Materia Medica and Pharmacy.
 FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.
 BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.
 CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.
 HON. JACOB COLLAMER, A.M., Medical Jurisprudence.
 JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$18. Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously. H. H. CHILDS, *President.*

Pittsfield, May, 1842.

Je 22—1A

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
 Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
 Obstetrics, by EZEKIEL EMMONS, M.D.
 Materia Medica, by T. ROMEYN BECK, M.D.
 Chemistry, by LEWIS C. BECK, M.D.
 Anatomy, by JAMES H. ARMSBY, M.D.
 Institutes of Medicine, by THOMAS HUN, M.D.
 Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

Al 27—tO

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
 EDWARD REYNOLDS,
 D. HUMPHREYS STORER,
 OLIVER W. HOLMES.

NEW ENGLAND QUARTERLY MEDICAL JOURNAL.

THE first No. of this Journal, comprising 156 pages, large octavo, is now ready for delivery. The original articles are—On tic douloureux and diseases of the teeth, by Dr. Thos. Gray, Jr.; on ergot in protracted parturition—Dr. Edw. Warren; abstract of midwifery cases—Dr. D. H. Storer; Scarlet fever—Dr. E. Hale; tuberculous diseases—Dr. J. B. S. Jackson; division of various muscles—Dr. Jos. Sargent; Report of surgical cases—Dr. G. Hayward; strangulated hernia—Dr. J. M. Warren; Iritis—Dr. G. A. Bethune. These are followed by Reviews—Bibliographical notices—Scientific Intelligence—Extracts. Price \$3 a year, payable in advance.

D. CLAPP, JR., *Publisher.*

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap 6—

THO. CHADBOURNE, M.D.
 WILLIAM D. BUCK, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 181 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.